

S/N: TBA

12/18/2000

DOCKET NO.: KAW-239-USAP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Kazuya YONEYAMA

Serial No.: TO BE ASSIGNED

Art Unit: TO BE ASSIGNED

Filed: December 18, 2000

Examiner: TO BE ASSIGNED

For: Illumination Optical System and Projection Type Image Display
Apparatus Using the Same

FORMAL FILING OF NEW PATENT APPLICATION

IN ACCORDANCE WITH 37 CFR §1.53 (b)

Assistant Commissioner of
Patent and Trademarks
Washington, D.C. 20231

BOX: PATENT APPLICATIONS

Sir:

This application is a:

☒ New Application.

☐ Continuation

☐ Divisional of U.S.P.T.O. Serial Number _____, filed

☐ _____.

☐ Continuation in Part of U.S.P.T.O. Serial Number _____,
filed _____.

The undersigned has been authorized by the Applicant(s),

Kazuya YONEYAMA

FOR: Illumination Optical System and Projection Type Image Display
Apparatus Using the Same

to file the attached specification and required drawings. Please assign a
serial number and accord a filing date to this prospective application.

12/18/00



JCS03 U.S. PRO

JCS062 U.S. PRO
09/13/752
12/18/00

S/N: TBA

12/18/2000

DOCKET NO.: KAW-239-USAP

Enclosed are:

- 19 pages of Specification,
2 page(s) of Claims,
1 page of an Abstract, and
8 sheet(s) of Drawing(s). Total pages in the disclosure are therefore 30
X Return Receipt Postcard.
X A combined Declaration and Power of Attorney.
____ Signed Statement deleting inventor(s) named in prior application.
____ A verified statement of Status as a Small Entity.
X Assignment of the Invention and \$40.00.
____ This invention is assigned to: (FOR CONTINUATION OR
DIVISIONAL APPLICATION ONLY)
X A certified copy of Prior Foreign Application(s).
____ A Preliminary Amendment.
____ Letter to the Official Draftsperson and amended drawing(s).
____ An Information Disclosure Statement and PTO Form 1449.
X The basic filing fee of \$710.00.
X The fees for the claims to be calculated as follows:

Claims Presented		Less Entitlement		Additional Fees			
				Small Entity		Large Entity	
Total	8	Minus	20	x \$9=	0.00	x \$18=	0.00
Indep.	1	Minus	3	x \$40=	0.00	x \$80=	0.00
New Multiple Dependent Claims		-0-		x\$135=	0.00	x\$270=	0.00
And Claims Dependent Thereon		-0-		x\$135=	0.00	x\$270=	0.00
TOTAL ADDITIONAL FEE				0.00		0.00	

X A check in the total amount of \$750.00 is enclosed to cover filing fee, Recordation of Assignment fee, and excess claims fee.

X The Commissioner is hereby authorized to charge to my Deposit Account No. 19-2816 any fees required under any of 37 CFR §§1.16 to 1.17 at any time during the pendency of this application.



Ronald R. Snider
Attorney of Record
Registration No. 24,962

Date: December 18, 2000

Snider & Associates

Ronald R. Snider

P.O. Box 27613

Washington, D.C. 20038-7613

(202) 347-2600

RRS/bam